some of Dr Craig's group would consider repeating it. If doctors are going to state, and even more important to teach, that patients benefit from long consultations they must be able to show that this is so. If our methods of treatment and management are not based on objective evidence, then general practice will not become a scientific discipline. It will remain an art form in which symptoms and situations are interpreted in different ways by different doctors under the influence of changing fashions.

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[1] Buchan, I C, and Richardson, I M, *Time Study of Consultations in General Practice*. Edinburgh, Scottish Home and Health Department, 1973.
[2] Thomas, K B, *British Medical Journal*, 1974, **1**, 625.

"Human Milk in the Modern World"

SIR,—We thank Dr J D Baum for his comprehensive review of our book[1] (9 September, p 758) but we would like to clarify a few points.

Firstly, Dr Baum questions our mentioning some conditions, including coronary artery disease, sudden infant death syndrome, etc. We did so because absence of breast-feeding has been reported by some workers (to whose work references were given) as sometimes playing a role in the aetiology of these multifactorial syndromes. In view of present-day interest in the consequences of infant nutrition on subsequent adult health we believe that such links need further exploration. We are sure that Dr Baum would agree.

Perhaps an important point to put over is that our perspective has been conditioned by our own experience—that is, in less developed countries, where very severe conditions bring out universal issues more vividly. For example, the infant's need for the extra iron from the placental transfusion and the relationship between maternal diet and nutrition and low birth weight are beyond doubt. The latter, for example, is a major public health problem[2] and yet seems to be unappreciated by the medical profession in well-fed Western countries, as judged by Dr Baum's comments. It is because of our prolonged work in traditional cultures and because we have personally observed the ill effects of changes from breast-feeding to bottle-feeding in some of these communities that we are "enthusiastic" and "earnest." Should we be lukewarm and lighthearted? Is marasmus a joke?

The "repetition" cited by Dr Baum in the last part of our book has been included advisedly to indicate the range of international and national organisations concerned and active in this matter. As a follow-up it may be noted that the WHO-inspired movement towards "primary health care," as epitomised by the recent International Conference at Alma Ata,[3] is built round community self-reliance, with the nutrition of mother and young children as a major focus. Breast-feeding is plainly a key approach, especially in developing countries—the role of costly imported processed formulas (and other infant foods) in primary health care seems highly debatable, at best.

Dr Baum suggests that we might have been wiser to have attempted a less comprehensive publication. We agree that a wide-ranging review must carry one into areas distant from personal experience and knowledge and hence be less watertight. We recognise this in our book. Nevertheless, this subject is usually dealt with in a narrow, highly specialised, "monovalent" way—for example, concerned with levels of a specific nutrient or some particular aspect of mother-baby interaction. This is, of course, needed, but even greater is the need to appreciate that breast-feeding is a matter of concern in both industrialised and developing countries because it has such a wide range of often underappreciated consequences.

We learnt nothing about this subject in any part of our formal training in different parts of the world. We hope that our book, with all its imperfections, will focus attention on the significance of breast-feeding and human milk in the modern world and stimulate a greater degree of emphasis in the curricula of medical students, nurses, and nutritionists and in the awareness and practice of obstetricians and paediatricians.

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[1] Jelliffe, D B, and Jelliffe, E F P, *Human Milk in the Modern World*. Oxford and New York, Oxford University Press, 1978.
[2] *Birthweight Distribution: An Indicator of Social Development*, ed G Sterky and L Mellander. SAREC Report No 2. Stockholm, SIDA, 1978.
[3] *Lancet*, 1978, **2**, 666.

Progesterone nasal spray contraceptive

SIR,—With regard to Minerva's comment (16 September, p 836) on the WHO trial of a progesterone nasal spray contraceptive and her curiosity as to what is the advantage of this method of administration over "pills," she would appear to have missed the point that the hormone progesterone is inactivated in the liver and for this reason is not effective when administered in the form of tablets to be swallowed.

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Prescribing information for patients

SIR,—I was interested to see the article by Professor Freya Hermann and her colleagues (21 October, p 1132), which I am sure will generate further discussion.

The information leaflet shown in the article may well satisfy a reference function for the more literate patient. However, should a situation paralleling NP labelling be contemplated I feel that a very much simplified and less "in depth" document would better meet the needs of the average patient. This is particularly so if the patient requires advice on more than one drug.

I am currently conducting a controlled pilot study in which drug information leaflets are used as a framework for patient counselling by pharmacists. This particular study involves the discharge drug therapy of dental patients attending for surgery. For a variety of reasons this approach has an appeal for many patients. One aim is the simplicity of the leaflets, which are assessed by the two methods of Flesch and Fog.[1–3] Roughly speaking, this encourages the use of short words and short sentences. I usually impose a maximum of three syllables per word. The leaflets currently on trial are rated as understandable to 86% of the population. (A nursery rhyme would rate about 90%.) Although approximate, it is a valuable guide when transforming a document from technical to lay terms. Some workers have found the use of leaflets alone to be counterproductive; hence our discussion approach. This provides a flexibility denied by documents.

Since this is a field requiring much further study Professor Herman is to be thanked for raising this important topic.

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[1] Flesch, R, *Journal of Applied Psychology*, 1948, **32**, 221.
[2] Ley, P, *Journal of the Institute of Health Education*, 1973, **11**, 17.
[3] Gumming, R, *Techniques of Class Writing*, New York, McGraw Hill, 1952.

Quality control

SIR,—The Department of Health and Social Security, the Royal College of Pathologists, the Association of Clinical Pathologists, and the Institute of Medical Laboratory Sciences are all rightly concerned that laboratory work should be precise and accurate and controlled by quality-control procedures. Paradoxically, many clinicians are now demanding pieces of apparatus in the side-rooms of wards whereby staff not trained in laboratory work can, they think, perform a function such as estimating blood sugar with the use of such apparatus by a skin-prick technique.

We feel that there is a case to be made against such demands, especially in hospitals where there are laboratories where the staff accept the responsibility for accurate work not only in the daytime but out of hours also.

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Naming of drugs

SIR,—I must take isue over Dr S A MacGregor's letter (18 November, p 1433) and its editorial footnote concerning the vexed question of names of drugs.

Confusion is by no means confined to proprietary names: BPC approved names are liable to be mistaken one for another, especially if handwriting is indistinct. Examples are numerous: bethanecol and bethanidine, chlorpheniramine and chlorphentermine, chlorpromazine and chlorpropamide are a few. Approved names tend to be difficult to remember and clumsy to pronounce in comparison with the often euphonious character of their proprietary counterparts.

The idea that prescribing by proprietary name guarantees a product of high quality is supported by recent revelations about bioavailability, and doctors have not yet forgotten the occasion some years back when supplies of tetracycline, bought cheaply by the Government from abroad, turned out to be seriously under strength.

Patients find it much easier to remember the average proprietary name than the average